



Membership Application

(U.S. AND CANADA)

Ohio Chapter

ORGANIZATION INFORMATION

Organization/Company Name _____

Street Address (for package shipments) _____

City _____ State _____ ZIP +4/Postal Code _____

Phone _____ Fax _____ E-mail _____

Total number of employees (including drivers): _____

Please check if you prefer **NOT** to receive NSC electronic/fax communications Gift Code: _____

CONTACT INFORMATION

Primary Safety and Health Contact (for benefit fulfillment)

Name _____ Title _____ Phone _____ E-mail _____

Additional Contact

Name _____ Title _____ Phone _____ E-mail _____

Additional Contact

Name _____ Title _____ Phone _____ E-mail _____

Additional Contact

Name _____ Title _____ Phone _____ E-mail _____

ORGANIZATION LOCATION INFORMATION

Please indicate the number of additional locations (facilities and offices) included in this membership: _____

To maximize the participation of your employees at each of your locations, please attach a list containing location names, titles, address, city, state, ZIP+4, phone numbers, fax numbers and e-mail addresses for those covered in this membership. Please fax the list to _____ or e-mail it to _____.

OUR SAFE AND SMART GUARANTEE

If for any reason you are not satisfied with your National Safety Council membership in the first 90 days, simply let us know and we will issue a no-questions-asked refund.

MEMBERSHIP DUES

SAVE MORE!

Number of Employees	1 Year Membership	2 Year Membership	3 Year Membership
1-49	\$395	\$710	\$1005
50-99	\$450	\$810	\$1145
100+	\$595 + \$1 per employee over 100	\$1070 + \$2 per employee over 100	\$1515 + \$3 per employee over 100

PAYMENT BREAKDOWN

Base Dues (see chart above) \$ _____

No. of Employees over 100 _____ x \$1 _____ = + _____
Rate per Employee Additional Dues

Total Annual Dues = \$ _____

NOTE: Dues are capped at \$20,000 for organizations with 19,405 employees or more.

PAYMENT OPTIONS

Payment **MUST** accompany this application.

Please check one:

Check Enclosed – Check No. _____
(payable in U.S. funds to National Safety Council)

Bill My Credit Card
 MasterCard Visa Discover American Express

Card Number _____ Expiration Date _____

Name as it Appears on Card (please print) _____

Signature of Cardholder _____

P.O. No. _____
(requires documentation of purchase order attached)

Net 30 days/National Safety Council will invoice. Membership benefits will begin once your invoice is paid in full.

JOIN TODAY!

• Online at: _____

• Fax completed application with credit card or P.O. payments to: _____

• Mail Payment with your completed application to: _____

Inside the U.S., call: _____

Join online at
join.nsc.org/chapters

members
get more



NSC helps 365 days a year!

Membership includes the following for all your employees...

Resources

- FREE** annual subscription to *Safety+Health*® magazine – (\$67 value per subscription)
- FREE** use of NSC Knowledge Center – Have a question? Let us do the research for you!
- FREE** Safety Audio Library - features state-of-the-art safety seminars
- 24/7 access** to nsc.org, which provides the latest safety and industry-specific news
- FREE** Monthly webinars

Access

- 24/7 access** to the member-exclusive section of the NSC website.
- FREE** downloadable safety talks, posters, and PowerPoint presentations
- FREE** Membership News Alert - top-rated safety news delivered to your inbox every week
- FREE** downloadable webinars presented by safety experts
- Local-level support** and membership through a network of NSC Chapters
- Industry Specific **Division Networking Groups**
- Exclusive Participation** in Safety Motivation and Recognition Awards program
- FREE** downloadable Safety Tool-Kits including workplace and ergonomics

Discounts

- Training** – including online, classroom, self-study and certification
- Annual **NSC Congress & Expo** – registration, seminars and exhibit space
- Advertising space** in *Safety+Health*® magazine
- Most **NSC products** and publications
- NSC e-learning** opportunities – including Congress 2.0 webinars and virtual conferences

SAVE UP TO 30%!

Even more reasons to join!

Benefits for Primary Contact

	1-49 EMPLOYEES	50-99 EMPLOYEES	+100 EMPLOYEES
1 FREE Workplace on-line training course	X	X	X
<i>Membership Advantage</i> newsletter—Keeps you up to date on available benefits—QUARTERLY	X	X	X
Choice of monthly newsletter— <i>Traffic Safety</i> ® or <i>OSHA Up To Date</i> ®	X	X	X
NSC First Aid Quick Guide—Available upon Request	X	X	X
<i>Injury Facts</i> — Available as a Downloadable	X	X	X
Choice of the following publications: <i>9 Elements of a Successful Safety & Health System</i> <i>Ergonomics: A Practical Guide</i> <i>Pocket Guide to Safety Essentials</i> <i>Executive Guide to Safety</i> OSHA Inspections: Preparation and Response NEW	1 (per year)	1 (per year)	2 (per year)
<i>Family Safety & Health</i> magazine—off-the-job safety initiatives—QUARTERLY		X	X
OSHA Compliance Package Training—includes facilitator CD & 5 workbooks			X
<i>Injury Facts</i> Challenge—weekly safety quizzes and tips			X
Two FREE online trials for defensive driving or first aid courses			X

Contact us

Phone: _____ | Fax: _____
 Website: _____ | E-mail: _____
 Address: _____

